

**APPENDIX 4 TO SCHEDULE 8.1
TO THE
COMPREHENSIVE INFRASTRUCTURE AGREEMENT
SAMPLE VENDOR OFFER LETTER**



Northrop Grumman Corporation
Information Technology

Commercial State and Local Solutions
13825 Sunrise Valley Drive, Suite 120
Herndon, VA 20171

November 15, 2005

Michael J. Curtis
123 Cary Street
Richmond, VA 23220

Dear Mike:

It is a sincere pleasure to extend to you an offer of employment for a full-time exempt position as a Systems Engineer with Northrop Grumman Information Technology on our Virginia IT Infrastructure PPEA Program. Your bi-weekly salary will be \$2,000.00, which equates to an annual salary of \$52,000.00.¹ In this capacity, you will be reporting to the Relationship Manager in our Richmond, Virginia office.

Should you accept our offer of employment prior to _____, your start date will be on or about _____, 2006. Should you accept our offer after _____, you will be contacted by Northrop Grumman's Human Resources Department to schedule your start date. If you accept this offer, Northrop Grumman agrees not to terminate you, other than for "good cause," for a period of one (1) year from your start date.²

Mike, we are anxious to have you join our team, therefore, we are pleased to offer you a one-time sign-on bonus in an amount determined by the timing of your acceptance as follows:

| Offer Accepted | Dollar Amount | % of Base Salary |
|-------------------------------------|---------------|------------------|
| Within 30 days of receipt of offer | \$3,120.00 | 6% |
| Within 60 days of receipt of offer | \$2,080.00 | 4% |
| Within 90 days of receipt of offer | \$1,040.00 | 2% |
| Within 120 days of receipt of offer | New Base | No |

¹ If you are accepting a non-exempt position, the stated salary is estimated based upon working a 40-hour week, and 2080 hours per year. This is only an estimation of annual earnings.

² "Good cause" includes any violation of Company policy, procedure, or standards of conduct. After the one-year period, your employment will be "at-will", which means that either you or the Company may terminate the employment relationship at any time for any or no reason.

| | | |
|--|--------|------------------|
| | Salary | Signing Bonus |
|--|--------|------------------|

Sign-on bonuses will be included in the first paycheck and are subject to the appropriate federal and state withholdings and are contingent upon you completing one (1) year of employment. If you voluntarily end your employment within twelve (12) months of receipt of this bonus, you agree to pay the net amount of this bonus back to Northrop Grumman.

As a new team member on our Virginia IT Infrastructure PPEA Program, you will be eligible to participate in our benefits program, which becomes effective on your first day of employment. A general description of the plan is enclosed. You will receive a separate communication from the Northrop Grumman Benefits Center with complete program details once you have accepted our offer. Additionally, you will receive Northrop Grumman service credit for all service you earned as an employee of the Commonwealth of Virginia. This will afford you higher accrual rates for purposes of calculating service-based benefits such as paid leave and pension.

Prior to your first day, you will be contacted by our Human Resources Department to schedule New Employee Orientation in our Richmond, Virginia office. There are several forms you are required to complete as a condition of employment. Some of the forms are included in your New Hire packet in hard copy, the others are on the CD included in your packet. Please refer to the enclosed instruction sheet regarding how to complete the forms and where they should be sent.

As required by United States Federal law, you must provide the appropriate certification documents to establish your employment eligibility (see form I-9). To comply with United States Export Control laws, Northrop Grumman Information Technology is required to review *original* documentation to verify the citizenship status of each individual employed at our facilities (see Export Control Questionnaire). Please review the enclosed list of acceptable documents that may be used for this purpose, and bring the appropriate documents with you on your first day.

This offer is tendered through _____. In order to indicate your acceptance or rejection of this offer, please check the appropriate box, sign and date below. You may bring this letter, along with your completed Employee Data Form, to the local Northrop Grumman Human Resources office or fax it to - 804-XXX-XXXX.

Today, Northrop Grumman Information Technology is a leading IT solutions provider. We look forward to your contributions to our team as we work together to *Define the Future!* If you have any further questions, please do not hesitate to contact me at 804-XXX-XXXX.

Welcome to the team, we look forward to seeing you on your first day of employment.

Sincerely,

Kari Van Curen

Kari Van Curen
Human Resources Director
State & Local Solutions

- ☐ I accept this offer of employment with Northrop Grumman
- ☐ I decline this offer of employment with Northrop Grumman

(Employee Signature)

(Date)

Commercial, State & Local Solutions

Employee Information

NORTHROP GRUMMAN

Please Print Clearly

| | | | | | | | |
|--|---------------|---|----------|----------|---|--|--|
| 1 | | PERSONAL INFORMATION | | | | ETHNIC GROUP <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> NATIVE AMERICAN MILITARY STATUS <input type="checkbox"/> NO MILITARY SERVICE <input type="checkbox"/> VIETNAM VETERAN <input type="checkbox"/> OTHER VETERAN <input type="checkbox"/> DISABLED VETERAN | |
| LAST NAME | | FIRST NAME | | MI | | | |
| Curtis | | Michael | | J. | | | |
| HOME ADDRESS | | MAILING ADDRESS (IF DIFFERENT) | | | | | |
| 123 Cary Street | | | | | | | |
| CITY | | COUNTY | STATE | ZIP CODE | | | |
| Richmond | | | Virginia | 23220 | | | |
| HOME PHONE NUMBER | | SOCIAL SECURITY NUMBER | | | | | |
| (804) XXX-XXXX | | XXX-XX-XXXX | | | | | |
| SEX | DATE OF BIRTH | MARITAL STATUS | | | DISABLED | | |
| <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE | XX/XX/XXXX | <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | |
| PLACE OF BIRTH (CITY) | | | STATE | COUNTRY | U. S. CITIZEN | | |
| | | | | USA | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | |

| | | | | | |
|--------------|--|--------------------------------------|--|--------------|--|
| 2 | | EMERGENCY CONTACT INFORMATION | | | |
| LAST NAME | | FIRST NAME | | MI | |
| ADDRESS | | | | | |
| CITY | | STATE | | ZIP CODE | |
| PHONE NUMBER | | ALTERNATE PHONE NUMBER | | RELATIONSHIP | |
| () | | () | | | |

| | | | |
|---------------------------------|----|------------------------------|--|
| 3 | | EDUCATION INFORMATION | |
| TYPE OF DEGREE OR CERTIFICATION | #1 | #2 | |
| MAJOR | | | |
| SCHOOL | | | |
| DATE COMPLETED | | | |

PLEASE ATTACH A SEPARATE SHEET FOR ADDITIONAL DEGREES / CERTIFICATIONS

I hereby certify that the foregoing information is true, accurate, and complete to the best of my knowledge.

Employee's Signature: _____

| | | | |
|------------------------------|--|-------------------------------|--|
| 5 | | OFFICE LOCATION | |
| OFFICE ADDRESS: Richmond, VA | | OFFICE PHONE # (804) XXX-XXXX | |

| | | | |
|--------------------------------|----------------|----------------------------------|---|
| 6 | | FOR HR USE ONLY | |
| New Hire | | JOB CODE/TITLE: Systems Engineer | |
| EFFECTIVE DATE: Jan 9, 2006 | LOCATION CODE: | HOURS: 40 | |
| REFERRAL SOURCE: VITA Employee | | WEEKLY SALARY \$1,000.00 | |
| ID # | REQ # N/A | SUPV. EMPL. ID/NAME: Joe Fay | |
| DEPT.: | PROFIT CENTER: | OT CODE | TIME CARD <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| HR SIGNATURE | | _____ FLT DAYS | |

Please Print Clearly

**VOLUNTARY INFORMATION
TO BE USED FOR GOVERNMENT REPORTING PURPOSES ONLY**

Name: Michael J. Curtis Date: _____

Northrop Grumman Information Technology (Northrop Grumman IT) is an equal opportunity employer in all of its employment practices. We encourage people of all ethnic backgrounds to pursue opportunities within the organization.

In order to comply with federal and state equal opportunity reporting requirements, Northrop Grumman IT is required to compile the information requested below. Please know:

- ❖ The information you provide is on a voluntary basis.
- ❖ You are not required to supply the information.
- ❖ Your refusal to provide the information will not subject you to any adverse treatment.
- ❖ All information will be maintained in a confidential manner by the Human Resources Department.

GENDER: ☐ Male ☐ Female

ETHNIC IDENTIFICATION: Please check one. This information is requested in order to comply with Title VII, Executive Order 11246 and Office of Federal Contract Compliance Programs Rules and Regulations 41 CFR 60-1 as amended for Affirmative Action Reporting Programs and Executive Office of the President, Office of Management and Budgets Directive Number 15

- ☐ **WHITE** (not of Hispanic Origin) Includes persons having origins in any of the original peoples of Europe, North Africa, or the Middle East
- ☐ **BLACK** (not of Hispanic origin) All persons having origins in any of the Black racial groups.
- ☐ **ASIAN OR PACIFIC ISLANDERS** Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent or the Pacific Islands. This includes, for example, China, Japan, Korea, the Philippine Islands, Samoa, and India.
- ☐ **AMERICAN INDIAN OR ALASKAN NATIVE** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ☐ **HISPANIC** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.

DISABLED, DISABLED VETERAN AND/OR VIETNAM ERA VETERAN: This information is requested in order to comply with Rehabilitation Act of 1973 and 1974 and the Vietnam Era Readjustment Assistance Act of 1972 and 1974 Affirmative Action Requirements

- ☐ **SPECIAL DISABLED VETERAN** "Special Disabled Veteran" means a person entitled to disability compensation under laws administered by the Veterans' Administration for a disability (1) rated at thirty percentum or more, or (2) rated at ten or twenty percentum in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C., to have a serious employment handicap, or (3) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.
- ☐ **VIETNAM ERA VETERAN** "Veteran of the Vietnam Era" means a person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released there from with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.
- ☐ **DISABLED** "Disabled Individual" means any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment.
- ☐ **OTHER ELIGIBLE VETERAN** The general category of Other Eligible Veterans includes two key Veteran Groups. First, it includes Veterans who served in a "war". Since the last declaration of war issued by congress initiated World War II, Veterans with active duty service between December 7, 1941 and April 28, 1952 are considered Veterans of World War II and are included in the Other Eligible Veterans category. The second Veteran group in the Other Eligible Veterans category includes those Veterans who served in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.
- ☐ **NEWLY SEPARATED VETERAN** Any veteran during the one-year period beginning on the date of such discharge or release from active duty
Date of Separation: _____
- ☐ **I DO NOT WISH TO FURNISH THE ABOVE CATEGORIES OF INFORMATION.**

Applicant's Signature: _____